

HEALTH DEPARTMENT BUREAU OF VITAL STATISTICS BALTIMORE CITY, cm 1132. Printed 10/27/2022.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 184 Office of Registrar of Vital Statistics. Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.
No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 29 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } J. W. Smith (John Wesley)

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 30 Years, _____ Months, _____ Days

Colored, red

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Single

Occupation, Teamster

Birth Place, { State or country, and how long in the United States, if of foreign birth. } City

Duration of Residence in the City of Baltimore, life time

Place of Death, { Give Street and Number. } 54 N. Duncan Alley

Cause of Death, { First (Primary), Second (Immediate), } Sun Stroke

Duration of Last Sickness, about 3 hours

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, July 31st 1887

{ Undertaker, Sam'l W. Chase Medical Attendant, E. P. Brown M. D.

{ Place of Business, 44 S. Howard Address, 1835 E. Balto St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 1841 Office of Registrar of Vital Statistics. Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, *within twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 29, 1887.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Henry Smith

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 23 Years, _____ Months, _____ Days.

Color, Black

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Single

Occupation, Nothing special

Birth Place, { State or country, and how long in the United States, if of foreign birth. } _____

Duration of Residence in the City of Baltimore, _____

Place of Death, { Give Street and Number. } City Hospital, Cor. Calvert & South

Cause of Death, { First (Primary), Second (Immediate), } Phthisis
Heart Failure

Duration of Last Sickness, Four weeks.

All the above information should be furnished by the Physician.

Place of Burial, E. Public Cemetery

Date of Burial, July 30, 1887

Undertaker, Geo. P. Nichols

Place of Business, Health Office Address, City Hospital

C. A. Ray M. D. Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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[OVER.]

HEALTH DEPARTMENT BUREAU OF VITAL STATISTICS BALTIMORE CITY, cm 1132. Printed 10/27/2022.

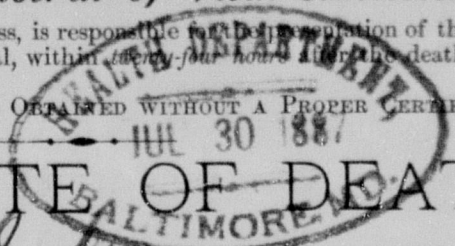
No Special Recommendation of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 1842 Office of Registrar of Vital Statistics. Ward 15

The Physician who attended any person in a last illness, is responsible for the preparation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death, 27 July 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mrs Rachel Dorman

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 75 Years, _____ Months, _____ Days.

Color, Colored ✓

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, Midwife

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Queen Anne Co Md.

Duration of Residence in the City of Baltimore, 24 yrs

Place of Death, { Give Street and Number. } 811 S. Beadenhall St

Cause of Death, { First (Primary), Second (Immediate), } Bilious diarrhoea
Cerebral meningitis

Duration of Last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, Sharp & Carter

Date of Burial, July 28 1887

{ Undertaker, He & Sons } _____ M. D.

Medical Attendant.

{ Place of Business, 404 Cornway St } Address, 224 W. Hill St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

HEALTH DEPARTMENT BUREAU OF VITAL STATISTICS BALTIMORE CITY, QM 1132. Printed 10/27/2022.

The Special Attention of Physicians is respectfully invited to the Remarks Below, and to List of Diseases on back of this Certificate.

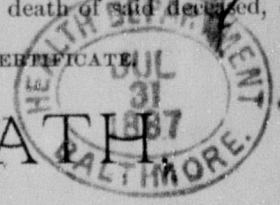
Health Department, City of Baltimore.

Permit No. 18443 Office of Registrar of Vital Statistics.

Ward 7 ²

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

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CERTIFICATE OF DEATH

Date of Death, July 29 87

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah Hep (Hess)

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 40 Years, _____ Months, _____ Days.

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widow

Occupation, none

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 40 years

Place of Death, {Give Street and Number.} Hebrew Hospital

Cause of Death, {First (Primary), Second (Immediate),} Cancer of liver
Exhaustion

Duration of Last Sickness, _____

All the above information should be furnished by the Physician.

Place of Burial, Eden St synagogue Cemetery

Date of Burial, July 31st 1887

{ Undertaker, Evans & Spence } _____ M. D.

{ Place of Business, Balt & Centre } Address, _____

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 1844 Office of Registrar of Vital Statistics.

Ward 9th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH

Date of Death,

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, _____ Years, 4 Months, _____ Days.

Color,

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation,

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore,

Place of Death, { Give Street and Number. }

Cause of Death, { First (Primary),
Second (Immediate), }

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cem

Date of Burial, July 31st 1887

Undertaker, Morgan & Pyle

Place of Business, 103 Cherry St Address,

July 29th 1887
Chary Hume

Black

None
City Life

408 Davis St
Thrush
Who. Infantum
3 weeks

M. D.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death.

John M. De Goez. Inspector [OVER.]

No. 1845

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 1845 Office of Registrar of Vital Statistics. Ward 8th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

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CERTIFICATE OF DEATH

Date of Death, July 30 87.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Francis A. Brown

Sex, Male or Female, { Cross out the word not required in this line. }

Age, One year Years, Months Days.

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Single

Occupation, None

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, { Give Street and Number. } 707 Hanford Ave

Cause of Death, { First (Primary), Second (Immediate), } Asphyxia

Duration of Last Sickness, None

All the above information should be furnished by the Physician.

Place of Burial, St Vincent's Ch

Date of Burial, July 31 1887

Undertaker, John P. Burns M. D.

Place of Business, 30 E. N. Gay St Address, 725 Greenmount Ave

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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[OVER.]

Permit No. *1846* Office of Registrar of Vital Statistics. Ward *6*

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four* hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.
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CERTIFICATE OF DEATH.

Date of Death, *July 30/87*

Full Name of Deceased, *Marion A. Downs*

Sex, Male or Female, *Female*

Age, *32* Years, Months, Days.

Color, *White*

Married, Single, Widow or Widower, *Single*

Occupation, *Stone cutter*

Birth Place, *Baltimore*

Duration of Residence in the City of Baltimore, *Several years*

Place of Death, *1111 Cor. Calver & Castle Sts.*

Cause of Death, *Chronic cystitis*
General failure of strength

Duration of Last Sickness, *Several years*

Place of Burial, *Greenmount Cem*

Date of Burial, *Aug 1st 1887*

Undertaker, *Wm S Fry*

Place of Business, *221 N Broadway*

J. H. Collierberg M. D.
 Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 1847 Office of Registrar of Vital Statistics. Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 30th 88

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Anne Mary Russell

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, 11 Years, 11 Months, 12 Days

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, Life

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give Street and Number. } 332 Park Ave.

Cause of Death, { First (Primary), Second (Immediate), } Acute Meningitis
Coma

Duration of Last Sickness, Twelve hours

All the above information should be furnished by the Physician.

Place of Burial, Mount Hill Park

Date of Burial, July 31 1887

Undertaker, A. Rosenberger

Place of Business, 327 Park Ave Address, 108 W. Conway

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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[OVER.]

HEALTH DEPARTMENT BUREAU OF VITAL STATISTICS BALTIMORE CITY, cm 1132. Printed 10/27/2022.

The Special Attention of Physicians is respectfully invited to the remarks below, and to last of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 1848 Office of Registrar of Vital Statistics. Ward 8th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.
NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

B

CERTIFICATE OF DEATH.

Date of Death, July 30 87

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Maggie Fydlings

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 3 Years, — Months, — Days.

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Single

Occupation, Ball City

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Lytton

Duration of Residence in the City of Baltimore, 870

Place of Death, { Give Street and Number. } Haifer & Ave

Cause of Death, { First (Primary), Second (Immediate), } Diphtheria
Septicemia

Duration of Last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet Ch

Date of Burial, July 31 1887

Undertaker, Henry Beck & Son J. H. Robinson M. D.

Medical Attendant.

Place of Business, 1023 Federal Ave Address, 725 Green's Ave

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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[OVER.]

HEALTH DEPARTMENT BUREAU OF VITAL STATISTICS BALTIMORE CITY, cm 1132. Printed 10/27/2022.

Health Department, City of Baltimore.

Permit No. A 1849 Office of Registrar of Vital Statistics. Ward 4^a

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CERTIFICATE OF DEATH.

Date of Death, 29 July 1887
Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Maria Anna Warating
Sex, Male or Female, {Cross out the word not required in this line.} female
Age, 59 Years, 8 Months, — Days
Color, white
Married, Single, Widow or Widower, {Cross out the words not required in this line.} married ✓
Occupation, —
Birth Place, {State or country, and how long in the United States, if of foreign birth.} Hirschbush — Bavaria
Duration of Residence in the City of Baltimore, 29 years 29 years in U.S.
Place of Death, {Give Street and Number.} President St 309
Cause of Death, {First (Primary), Pneumonia lobularis
Second (Immediate), Weakness}
Duration of Last Sickness, 1 week
All the above information should be furnished by the Physician.

Place of Burial, Baltimore
Date of Burial, Aug 1st 1887
{ Undertaker, Henry Sander }
{ Place of Business, 740 Canton } Address, 720 N Howard
Medical Attendant, A. S. Reinherd M. D.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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[OVER.]